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Bib Data Sheet

CONFIRMATION NO. 2108

<b>SERIAL NUMBER</b> 10/511,385	<b>FILING OR 371(c) DATE</b> 10/15/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> EGAL-110 (66962-013)
<b>APPLICANTS</b> Thomas D. Egan, Marblehead, MA; <i>JB</i>				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/14885 05/09/2003 which claims benefit of 60/379,160 05/09/2002				
<b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: center;"><b>** SMALL ENTITY **</b></div>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 50
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 23630				
<b>TITLE</b> Gastric bypass prosthesis				
<b>FILING FEE RECEIVED</b> 364	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	